

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH
County Pettis *M^o, Will* ✓
Township _____ Registration District No. 668 File No. 14005
or _____
Village _____ Primary Registration District No. 3032 Registered No. 80
or _____
City Sedalia (No. 721 East 4th St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME J. D. D. Bradfield

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Aug 4, 1913</u> (Month) (Day) (Year)		
AGE <u>8</u> yrs. <u>—</u> mos. <u>—</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) 0-0

BIRTHPLACE
(City or town, State or foreign country) Sedalia Missouri

PARENTS	NAME OF FATHER <u>R. F. Bradfield</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kansas</u>
	MAIDEN NAME OF MOTHER <u>Ethel Gough</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr & W Bradfield
(ADDRESS) Sedalia, Mo.

Filed April, 5, 1913 Sam G. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 16, 1913, to Apr. 3, 1913, that I last saw him alive on Apr. 3, 1913, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Sepsis following surgical operation

15.7 D
3 1/2 (Duration) yrs. 8 mos. — ds.

Contributory none
(SECONDARY) (Duration) yrs. — mos. — ds.
2 (Signed) Chas. A. Hill M. D.
Apr. 5, 1913 (Address) Sedalia, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Crown Hill Cemetery</u>	DATE OF BURIAL <u>April, 5, 1913</u>
UNDERTAKER <u>M^{rs} Laughlin Bros.</u>	ADDRESS <u>Sedalia</u>

of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pettis

County

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township
 or
 Village
 or
 City

Sedalia

Registration District No.
 Primary Registration District No.

668
0032

File No.
 Registered No.

1
80

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

J. A. W. Bradfield

PERSONAL AND STATISTICAL PARTICULARS

SEX. Satisfactory
 COLOR OR RACE Information
 SINGLE Married
 OR DIVORCED
 (Write the word)

DATE OF BIRTH
Aug 4, 1912
 (Month) (Day) (Year)

AGE
20
 yrs. mos. ds.
 If LESS than 1 day, hrs. or mls.

OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

Satisfactory

BIRTHPLACE
 (City or town, State or foreign country)

Sedalia, Mo.

NAME OF FATHER

R. F. Bradfield

BIRTHPLACE OF FATHER
 (City or town, State or foreign country)

Kansas

MAIDEN NAME OF MOTHER

Ethel Gough

BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant)

Ms. J. W. Bradfield

(ADDRESS) *Sedalia, Mo.*

Filed *April 5, 1913*
Sam G. Kelly
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
11 3 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *1913*, to *1913*, that I last saw him alive on *1913*, and that death occurred, on the date stated above, at *1913*.
 Information supplied

The CAUSE OF DEATH was as follows:
Syphilis following surgical operation
(operated on for webbed fingers)
 (Duration) yrs. mos. ds.

Contributory *Chas. J. McNeil*
 (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *Chas. J. McNeil*
4-5-13 (Address) *Sedalia, Mo.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted
 If not at place of death?
 Former or usual residence:

PLACE OF BURIAL OR REMOVAL
Green Hill Cemetery
 DATE OF BURIAL
April 5, 1913

UNDERTAKER
McLaughlin Bros.
 ADDRESS
Sedalia, Mo.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Consus and American Public Health
Association]

50051

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)